

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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26	1					
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33						
34						
35						
36						
37						
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	35					
TOTAL CLAIMS	41					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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